

Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: LBRM-125251988 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2007-01075

Co Status:

State Tr Num: AR-PC-07-025678

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Sarah Lawrence

Date Submitted: 08-02-2007

Disposition Date: 08-06-2007

Disposition Status: Approved

Effective Date Requested (New): 11-01-2007

Effective Date Requested (Renewal): 01-01-2008

Effective Date (New): 11-01-2007

Effective Date (Renewal): 01-01-
2008

General Information

Project Name: CL 24452 AR revised Changes Endorsement

Project Number: 2007-01075

Reference Organization: ISO

Reference Title:

Filing Status Changed: 08-06-2007

State Status Changed: 08-03-2007

Corresponding Filing Tracking Number:

Filing Description:

Effective November 1, 2007 for new Business and January 1, 2008 for Renewal Business, we wish to file to adopt ISO

Designation CA-2007-OCH1, approved under circular number LI-CA-2007-129

Status of Filing in Domicile: Not Filed

Domicile Status Comments: n/a

Reference Number: CA-2007-OCH1

Advisory Org. Circular: LI-CA-2007-0129

Deemer Date:

Company and Contact

Filing Contact Information

Sarah Lawrence, State Filings Technician

62 Maple Ave

Keene, NH 03431

sarah.lawrence@LibertyMutual.com

(800) 826-6189 [Phone]

(603) 352-9252[FAX]

Filing Company Information

America First Insurance Company

62 Maple Ave.

Keene, NH 03431

(800) 826-6189 ext. [Phone]

CoCode: 12696

Group Code: 111

Group Name:

FEIN Number: 58-0953149

State of Domicile: New Hampshire

Company Type: P & C

State ID Number:

Peerless Insurance Company
62 Maple Avenue

Keene, NH 03431
(800) 826-6189 ext. [Phone]

CoCode: 24198
Group Code: 111

Group Name:
FEIN Number: 02-0177030

State of Domicile: New Hampshire
Company Type: Property &
Casualty
State ID Number:

Peerless Indemnity Insurance Company
62 Maple Ave.

Keene, NH 03431
(800) 826-6189 ext. [Phone]

CoCode: 18333
Group Code: 111

Group Name:
FEIN Number: 13-2919779

State of Domicile: Illinois
Company Type: Property &
Casualty
State ID Number:

The Netherlands Insurance Company
62 Maple Avenue

Keene, NH 03431
(800) 826-6189 ext. [Phone]

CoCode: 24171
Group Code: 111

Group Name:
FEIN Number: 02-0342937

State of Domicile: New Hampshire
Company Type: Property &
Casualty
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
60664035	\$50.00	07-31-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-06-2007	08-06-2007

Disposition

Disposition Date: 08-06-2007

Effective Date (New): 11-01-2007

Effective Date (Renewal): 01-01-2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Approved Casualty		Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	08-06-2007
Comments:			
Attachment:			
industry_rates_PCtransDoc_intelligent.pdf			

Filing information (see General Instructions for descriptions of these fields)				
9.	Type of Insurance (TOI)			
10.	Sub-Type of Insurance (Sub-TOI)			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:		Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	